



# COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H.  
State Health Commissioner

*Department of Health*  
*Office of Emergency Medical Services*

Gary R. Brown  
Director

P. Scott Winston  
Assistant Director

109 Governor Street Suite UB-55  
Richmond, VA 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7580

## APPLICANT INFORMATION FORM EQUIVALENCY CHALLENGE FOR VIRGINIA EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

### PLEASE COMPLETE THE FOLLOWING:

NAME: \_\_\_\_\_

#### CURRENT PROFESSIONAL LICENSE HELD: (Check all that apply)

Registered Nurse (RN) \_\_\_\_\_ Practical Nurse (LPN) \_\_\_\_\_ Physician's Assistant (PA) \_\_\_\_\_  
Military Corpsman \_\_\_\_\_ -- List Branch of Service: \_\_\_\_\_

#### CURRENT PROFESSIONAL LICENSE OR CERTIFICATION WAS ISSUED BY:

State of: \_\_\_\_\_ or U.S. Military Branch \_\_\_\_\_

LICENSE NUMBER: (If applicable) State #: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (Enter If Not Used as State # Above)

VIRGINIA EMS CERTIFICATION NUMBER (If previously assigned): \_\_\_\_\_

#### CPR CERTIFICATION HELD: (Check one)

American Heart Assoc. – "Healthcare Provider" \_\_\_\_\_ American Red Cross – "Prof. Rescuer" \_\_\_\_\_  
American Safety and Health "CPR-PRO" \_\_\_\_\_ National Safety Council – "Prof. Rescuer" \_\_\_\_\_  
Medic First Aid – "BLSPRO" \_\_\_\_\_

#### NEED FOR VIRGINIA CERTIFICATION--- (Check one)

Virginia Resident: \_\_\_\_\_ -OR- EMS Agency / Employment Affiliation: \_\_\_\_\_  
Virginia EMS Agency/Employer: \_\_\_\_\_

#### EMS AGENCY / EMPLOYER VERIFICATION--- (Required for non-Va. residents):

I hereby verify that the individual named above is affiliated with or employed (or has been offered employment) by the organization listed above; which represents their need for EMT certification in Virginia.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

(The information requested on this form may be submitted in letter format in lieu of form.)